

Department of Human Services
Bureau of Human Service Licensing

December 1, 2022

[REDACTED]
MS LOWER MAKEFIELD SH LLC
[REDACTED]

RE: SUNRISE SENIOR LIVING OF LOWER
MAKEFIELD
631 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 13809

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SUNRISE SENIOR LIVING OF LOWER MAKEFIELD* License #: *13809* License Expiration: *08/13/2023*
Address: *631 STONY HILL ROAD, YARDLEY, PA 19067*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MS LOWER MAKEFIELD SH LLC*
Address: *7902 WESTPARK DRIVE, ATTN LICENSING, MCLEAN, VA, 22102*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *07/16/2008* Issued By: *Lower Makefield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *129* Waking Staff: *97*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/05/2022*

Inspection Dates and Department Representative

10/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *30* Residents Served: *23*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *54* Have Physical Disability: *1*

Inspections / Reviews

10/05/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2022*

Inspections / Reviews *(continued)*

11/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/05/2022

12/01/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 5:20 pm, Staff member A led resident #1 to the courtyard in the memory care unit and left the resident unattended for ten minutes while the resident walked around the yard with [REDACTED] walker. When staff member A saw resident #1's walker unattended, the staff member went to the courtyard to see if resident #1 had fallen. Staff member A did not see resident #1 in the courtyard and the gate from the courtyard to the parking lot was ajar. The staff member stated that the alarm at the gate nor the beeper sounded an alarm. Staff member A advised Staff member B of the elopement. Earlier in the day, resident #1 was asking for [REDACTED] car and was agitated and exit seeking.

Staff member B went to the courtyard in the secured memory care unit and exited through the open gate located in the courtyard. Resident #1 was found near the home sitting under the pavilion where staff takes him for [REDACTED] daily cigarette. The resident was redirected to the facility uninjured.

Resident #1's support plan for supervision needs states "My personal care need for supervision is extensive" and "Provide me with regular supervision in the community and I am not able to leave the community unattended. I am unaware of unsafe areas"

POC Submission**Accept (CM - 11/01/2022)**

Reminiscence Coordinator immediately secured the gate and verified the courtyard was safe.
(09/03/2022)

Maintenance Coordinator (MC) immediately arrived at the community and secured the courtyard gate. MC and RC verified the secured neighborhood was secured and headcount was complete.
(09/03/2022)

RC immediately called the Wellness Nurse to assess resident #1 who confirmed resident is uninjured and at their baseline.
(09/03/2022)

All reminiscence team members received an in-service by the RC on our elopement policy and importance of supervisor needs.
(09/05/2022)

The MC completed our quarterly elopement drill with the entire community to verify an understanding of protocols. No additional concerns identified.
(09/22/2022)

Executive Director (ED) completed a townhall meeting and reviewed our elopement policy and importance of supervision needs.
(09/29/2022)

42b - Abuse (continued)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
(10/31/2022 and for up to 3 months)

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at 7:30am. Resident #2 reported to Staff member C that money was missing from the pocket of [REDACTED] shorts that [REDACTED] left on the chair in the living room the night before. The resident stated that he had \$500 for [REDACTED] doctor's appointment and transportation. Resident #2's RASP states [REDACTED] is independent in managing [REDACTED] own finances. Staff member C reported the missing money to a supervisor and attempted to assist the resident to locate the missing funds. However, the money was not found.

POC Submission

Accept (CM - 11/01/2022)

Respectfully request this violation be withdrawn due to the fact that the missing money was not located, and no evidence was found that the money was lost in the community

The ED immediately initiated an internal investigation which resulted in suspending staff member C.
(09/22/2022)

The ED completed a townhall meeting and reviewed Abuse and Abuse Reporting & Resident Bill of Rights.
(09/29/2022)

Annually, the ED and Business Office Coordinator (BOC) will confirm all team members have completed the Resident Abuse training.
(09/22/2022 and ongoing)

The ED held a Resident Council Meeting to review residents' rights to safeguard money and personal property and issued updated resident community handbooks.
(09/29/2022)

After completing the internal investigation, the ED submitted a Plan of Supervision to the Department which was approved to bring the Team Member back to work.
(10/07/2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
(10/31/2022 and ongoing)

42b - Abuse (continued)

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)

231e - No Objection Statement

3. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

POC Submission

Accept (CM - 11/01/2022)

The RC scheduled a family meeting with resident #1's POA to review resident #1's support plan in the memory care neighborhood. POA is in agreement with resident #1 admission into the neighborhood. No additional concerns identified.

(10/10/2022)

The ED audited all memory care residents to verify that there is documentation stating residents who have been transferred or admitted into memory have had no objections. No additional concerns identified.

(10/10/2022)

When there is a new or internal transfer or admission to our reminiscence neighborhood or a new admission, the ED and RC will verify there is documentation verifying no objections.

(10/10/2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

(10/31/2022 and ongoing)

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)

234b - Support Plan Needs Elements

4. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident #1 does not address the resident's frequent attempts to elope

234b - Support Plan Needs Elements (continued)

. Per staff member A, resident #1 often stands at the exit door, stating that he needs to leave to look for [REDACTED] car or for [REDACTED]. The resident must be redirected to other activities. The plan states "I have no needs related to judgment at this time. Observe for and report any changes", but then goes on to say "My behavioral need and degree of judgment is moderate as evidenced by my frequent falls, my attempting to leave the building without knowing where I am, walking away from my assistive device." However, there is no plan to address these behaviors.

POC Submission**Accept (CM - 11/01/2022)**

Reminiscence Coordinator (RC) updated Resident #1 support plan to reflect the physical, medical, social, cognitive and safety needs specifically the behavior of exit seeking
(10/25/2022)

RC and ED audited all support plans in the Reminiscence neighborhood to verify that the resident's physical, medical, social, cognitive and safety needs are clearly stated.
(10/25/2022)

The ED completed trainings with the RC reviewing the regulations and expectations surrounding support plans as it relates to redirection and exit seeking behavior.
(10/25/2022)

The interdisciplinary team (IDT) will review all support plans weekly to verify that support plans reflect the physical, medical, social cognitive and safety needs of our residents.
(11/13/2022)

This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
(10/31/2022 and for up to 3 months)

Licensee's Plan Completion Date: 12/31/2022

Implemented (CM - 12/01/2022)